CAMPBELL COUNTY POLICE VACATION NOTICE

NAME:	HONE:					
ADDRESS	: (Be Specific	to inclu	de neares	st cross stree	et)	
LEAVING	:					
	Da	Date		Time		
	NG:					
(Notify immediately if return times change)		ite Tin		Time		
EMERGE	NCY CONTA	ACT INI	FORMA	TION:		
NAI	ME:					
PHO	ONE:					
HO	USE KEY -	YES	NO			
		ALAR	M COM	PANY NAN	ME:	
YES	NO	PHON	NE:			
ANIMALS	PRESENT:				IALS VICIOUS: YES NO	
LIGHTS L	EFT ON:	YES	NO	LOCATIO	ON:	
<u>VEHICLE</u>	S LEFT ON	<u>PROPE</u>	RTY: (I	Do Not Inclu	ude Vehicles in Garage)	
Year	Make	Mo	del	Color	Lic# & State	
Year	Make	Mo	del	Color	Lic# & State	
MISCELL	ANEOUS IN	FODM.	ATION.			
		I OMMI	1110111			

Submit Request Form by Fax to 859-547-3100, by mail to P.O. Box 6 Alexandria, KY 41001, in person at 8774 Constable Drive, Alexandria, KY 41001, or call 859-547-3100.